

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90316 050 ***150.00

DOCUMENT # P96000010247

1. Entity Name

TRIPLE M MARINE CORP.

Principal Place of Business

Mailing Address

~~NW 79TH AVENUE~~
~~FL 33126~~

4400 GRANT ST
 HOLLYWOOD FL 33021-5345

602451

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4400 Grant Street

City & State

City & State

Hollywood, Florida

Zip

Country

Zip

Country

33021-5345

4. FEI Number

65-0637441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MOLINA, LUIS M~~
~~2070 NW 79TH AVENUE~~
~~MIAMI FL 33126~~

Name

Luis Manuel Rodriguez-Molina

Street Address (P.O. Box Number is Not Acceptable)

4400 Grant Street

City

Hollywood

FL

Zip Code

33021-5345

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Luis Manuel Rodriguez-Molina
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-8-00

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ-MOLINA, LUIS MANUEL		NAME	4400 Grant Street
STREET ADDRESS	2070 NW 79TH AVE		STREET ADDRESS	Hollywood, Florida 33021
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO, OSVALDO		NAME	6321 Lake Geneva Road
STREET ADDRESS	2070 NW 79TH AVE		STREET ADDRESS	Miami Lakes, Florida 33094
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO, LYSANDER		NAME	6321 Lake Geneva Road
STREET ADDRESS	2070 NW 79TH AVE		STREET ADDRESS	Miami Lakes, Florida 33094
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis Manuel Rodriguez-Molina
 Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

954-964-0912

CR2E034 (9/99)